

CIGNA/OME Mail

Referral Form IME



REFERRAL DATE 02/05/2001	SPECIALTY See Below	LAST NAME & NUMBER (if CME used)	
INDIVIDUAL TO BE EXAMINED ALFANO, STEVEN		REFERRED BY (MEDICAL CONSULTANT) LINDA CUFARI, R.N. LARA D'AMBROSIO, C.M.	
ADDRESS 3800 WALDO AVENUE APT. 13-G		COMPANY CIGNA INTEGRATED CARE	
CITY & STATE BRONX, NEW YORK 10463		ADDRESS 255 EAST AVENUE	
PHONE (718) 884-2067	FAX	CITY & STATE ROCHESTER N.Y. 14604	
D.O.B. 01/14/58	S.S.# 099-44-8648	PHONE (C.M.) 716-231-6521 (R.N.) 716-258-1782	FAX (716) 231-6502
CLAIMANT OCCUPATION WAGE AND SALARY MANAGER (SEDENTARY)		FILE #	INSURED
TYPE OF ILLNESS RADICULOPATHY	INCUR DATE 08/06/2000	STD X	OTHER X
CLAIMANT ATTORNEY		UNDERWRITER CIGNA LIFE INSURANCE COMPANY OF NEW YORK	
ADDRESS	PHONE	FAX	NEEDED BY?
CITY & STATE	RUSH EXAM? <input type="checkbox"/> yes <input type="checkbox"/> no		DATE OF LAST EXAM?
HEALTHCARE PROVIDER	CITY & STATE	RE-EXAM? <input type="checkbox"/> yes <input type="checkbox"/> no	INTERPRETER NEEDED? <input type="checkbox"/> yes <input type="checkbox"/> no
PREPARED EXAM DATE		TRANSPORTATION NEEDED? <input type="checkbox"/> yes <input type="checkbox"/> no	X-RAY AUTHORIZATION? <input type="checkbox"/> yes <input type="checkbox"/> no
		ME X	PEDR

SPECIALTY

☒ Orthopedist
☐ Neurologist
☐ Neurosurgeon
☐ Chiropractor
☐ Psychiatrist
☐ Other

Specializing in back care

SYNOPSIS OF FILE/SPECIFIC INSTRUCTIONS FOR EXAMINING PHYSICIAN

See Attached sheets

DATE PHYSICIAN	LOCATION	EXAM DATE	EXAM TIME
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SS# 099-44-9648
Steven Altano

- 42 year old male 300 lbs. with increase in LBP 4/2000. Disability commenced 6/2000. Init treated by Dr. Schiff - PCP who referred CX to Dr. Alexiades. Dr. Alexiades saw CX 6/5/2000 for c/o left leg radic. Referred for MRI. 6/12/2000 MRI showed moderate to severe L5-S1 spondylosis and mild impingement on the inferior aspect of the left L5 nerve root and moderate L5-S1 spinal stenosis. CX saw Dr. Scelsa - neuro on 7/20/2000. AP reports conservative TX is planned. CX may return to work but should get up from desk a few times an hour to stretch and avoid heavy lifting. CX did not f/u with Dr. Scelsa. CX saw Dr. McCance, spinal surgeon 8/17/2000. CX reports left leg weakness has been going on for 1-2 yrs. CX advised to have surgery. Recommended L5-S1 fusion. CX did not f/u. CX had neurosurgical consult 8/23/2000 with Dr. Snow. AP recommended lumbar laminectomy with possible discectomy. CX did not f/u. CX f/u with Dr. Farmer 8/31/2000. AP recommended PT - 3 times per week, anti-inflammatories and f/u 4-6 wks. 9/14/2000 eval CX states PT has exacerbated pain. CX feels pain is severe and limits him on a daily basis. AP feels pain is a result of degenerative changes at L5-S1. AP recommends a discogram then will refer for additional MRI. CX f/u with PCP 10/16 & 10/23. AP reports need for surgery. RX - Celexa.

Multiple PAA's completed.

Dr. Alexiades - occas lift and carry 10 lbs, push and pull 10 lbs, occ climb stairs. Occ reach overhead and desk level.

Dr. Scelsa - Freq lift and carry 10 lbs. Push & pull 20 lbs. Freq sit and stand, occ walk. Occ reach overhead and desk level.

Dr. Snow - Freq lift and carry 20 lbs. Occ up to 50. Occ able to sit, stand and walk. Cont reach overhead, desk level and below waist.

Cx: Steven Alfano

SS#: 099-77-9648

SUPPORT STAFF REQUEST SHEET

PLEASE CHANGE TO:

- | | |
|---|---|
| <input type="checkbox"/> Certholder #:
_____ correct file jacket
_____ correct tracker system
_____ key change already completed | <input type="checkbox"/> Office Code : |
| <input type="checkbox"/> First Name: | <input type="checkbox"/> Date of Birth: |
| <input type="checkbox"/> Middle Initial: | <input type="checkbox"/> Date of Hire: |
| <input type="checkbox"/> Last Name: | <input type="checkbox"/> SUTA State: |
| <input type="checkbox"/> Address 1: | <input type="checkbox"/> SIT State: |
| <input type="checkbox"/> Address 2: | <input type="checkbox"/> Claimant Code: |
| <input type="checkbox"/> City: | <input type="checkbox"/> Sex: |
| <input type="checkbox"/> State/Providence: | <input type="checkbox"/> Other: (Please describe below) |
| <input type="checkbox"/> Zip Code: | |

Please photocopy paper-clipped material

Support Staff OPID: _____

BA/CM: Lara D'Ambrosio

Date: 1/31/2001

Task Completed by: _____

Date: _____

CIGNA Claims Services
Rochester Claims Service Center



Permanent Telephone Record

Claimant:	Steven Alfano	SSN:	099-44-9648
Policyholder:	Well Med College	Policy #:	NYK 1972

Date:	01/31/2001	Time:	3:06 PM
To:	<input checked="" type="checkbox"/> From:	<input type="checkbox"/> Steven Alfano	Gx: <input checked="" type="checkbox"/> ER: <input type="checkbox"/> MD: <input type="checkbox"/>
Other:			
Phone Number:	718.884.2067		
Spoke With:	Steven	Relationship:	

Call Content/Message:

Called CX to discuss our difficulty in obtaining PT notes.

CX stated that he is not going to PT. He only went once.

CX stated that he did not want to exhaust his visits as he will need PT following surgery.

Asked CX about current TX. CX stated that he takes medication and is trying to lose weight.

Asked CX if surgery has been scheduled. CX stated no.

Current treating AP? Dr. Farmer

Next evaluation? none. Will probably f/u in next couple of weeks.

Advised CX that we will be sending him to JME to help us assess his disability status. Advised that Dr. Farmer did not complete the PAA and we need to clearly understand what is preventing him from working.

CX stated that he is unable to sit but stated that he will attend the evaluation.

Comments/Action Items:

Callback Required: ☐

Time Zone: Eastern

Shirley J. Ambrose

CIGNA Claims Services
Rochester Claims Service Center



Permanent Telephone Record

Claimant:	Steven Alfano	SSN:	099-44-9648
Policyholder:	Well Med College	Policy #:	NYK 1972

Date:	01/31/01	Time:	1:24 PM
To:	<input checked="" type="checkbox"/> From:	<input type="checkbox"/> Joe Mauro	Cx: <input type="checkbox"/> ER: <input type="checkbox"/> MD: <input type="checkbox"/> Other: PT
Phone Number:	914.476.0951		
Spoke With:	Joe	Relationship:	

Call Content/Message:

Called to f/u on request for PT notes.

Asked Joe if they had been faxed.

Joe stated that he would fax the notes over.

Comments/Action Items:

Callback Required: ☐

Time Zone: Eastern

Signature: *Elena D'Amico*
Case Manager

CIGNA Claims Services
Rochester Claims Service Center



Permanent Telephone Record

Claimant:	Steven Alfano	SSN:	099-44-9648
Policyholder:	Weill Med College	Policy #:	NYK 1972

Date:	01/31/01	Time:	1:21 PM
To:	<input checked="" type="checkbox"/> Steven Alfano	Cx:	<input checked="" type="checkbox"/> ER: <input type="checkbox"/> MD: <input type="checkbox"/>
Other:			
Phone Number:	718.884.2067		
Spoke With:	Relationship:		

Call Content/Message:

Called to speak with CX regarding need for PT notes and IME.

CX was not at home. Was advised to call back in about an hour.

Comments/Action Items:

Callback Required: ☐

Time Zone: Eastern

Signature: *Yara D'Onofrio*
Case Manager

JAN 20 '01 (TUE) 04:24

12/28/2000 12:08 FAX 716 231 6502

CIGNA INTEGRATED CLAIM

PAGE 1/3

001/004

Facsimile Transmission Cover Sheet



Transmit to FAX number 212.774.2909	Date December 28, 2000	Time 10:31 AM	Total number of pages (including this sheet): 4
To	From		
Name James C. Farmer, MD	Name Lara D'Ambrosio		
Company	Department Long Term Disability		
Phone 212.606.1591	Phone 800.532.9288 ext 6521		
Address	Address 255 East Ave Rochester, NY 14604		
Comments			

RE: Steven Alfano NYK 1972
SSN: 099-44-9548 Well Medical College
DOB: 1/14/58 CIGNA Life Insurance Company of New York

To assist us in our evaluation of the Long Term Disability claim for the above mentioned patient, medical information is needed in regards to his disability status.

Please provide us with the following:

- Copies of progress notes from 6/2000 to the present
- Copies of test results from 6/2000 to the present

In addition, please complete the attached physical ability assessment in regards to your patient's current level of functioning.

Thank you for your time and attention to this matter.
My fax number is 716.231.6502.

Your patient's authorization to release information is attached.

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

Life Insurance of North America
Cigna of New York Life Insurance Company
CIGNA Life Insurance Company of New York

☐ Acknowledgment Requested

To Fax a reply, dial 716.231.1720

JAN 30 01 (TUE) 04:25

PAGE 2/9

JAMES C. FARMER, M.D.
Hospital for Special Surgery
535 E. 70th St.
New York, N.Y. 10021

D.O.B.:
MR#:

Alfano, Steven
November 7, 2000

Mr. Alfano returns today for follow up. He is still having significant low back pain. He does have some lower extremity pain but notes the low back pain is predominant. He denies any change in his bowel or bladder symptoms. He is not having any night pain.

Physical Examination:

Today shows no change in range of motion of his lumbar spine. His neurologic exam is stable from a motor and sensory standpoint. Neural tension signs are negative.

Impression: Low back pain with degenerative disk disease.

Recommendation: At this point, the patient wishes to continue with conservative management and wishes to perform more physical therapy, which I think, is reasonable. A prescription was given for this. Additionally, he asked for a renewal for his Vicox, which was given for 50 mg PO QD PRN. I have asked him to follow up with me when his physical therapy is complete to reevaluate him or sooner should he have any questions, problems or concerns.

James C. Farmer, M.D.

JCF/as



PAGE 5/9

JAMES C. FARMER, M.D.
Hospital for Special Surgery
535 E. 70th St.
New York, N.Y. 10021

Alfano, Steven
September 14, 2000

D.O.B.:
MR#:

Mr. Alfano returns today for follow up. He reports that he has performed the physical therapy but has had no improvement whatsoever in his pain and feels that overall the therapy has exacerbated his pain. He does have some intermittent fatigue in the left leg with prolonged walking but notes his primary complaint is his lower back pain. He does feel that at times he has weakness in his tibialis anterior on the left. He denies any bowel or bladder symptoms or night pain.

Physical Examination: Today shows his lumbar spine is non-tender to palpation. He does need to get significant back pain with forward flexion. His neurologic examination is stable. Neural tension signs are negative.

Impression: Degenerative disk disease of the lumbar spine with some intermittent radicular symptoms on the left probably secondary to L5 nerve root compression noted on the MRI.

Recommendation: At this point, I have reviewed with the patient in detail the nature of the diagnosis of degenerative disk disease and lumbar radiculopathy along with treatment options and risks and benefits. At this point, he reports his back pain is severe and continues to limit him significantly on a daily basis. I do feel it is likely that the pain he is experiencing is from the significant degenerative changes seen at L5-S1. He feels that his pain is severe and continues to limit him on a daily basis and wishes to consider surgical intervention. I have explained to him that I do feel that we would need to obtain a discogram to clearly discern that the L5-S1 disk is the painful level and whether the levels above are normal. After the discogram if it is confirmatory, then I would recommend he have a new MRI as his old one is greater than 3 months old. He is going to have the above performed and will follow up with me afterwards to review it or sooner should he have any questions, problems or concerns.

James C. Farmer, M.D.
JCF/asc



JAMES C. FARMER, M.D.
 Hospital for Special Surgery
 535 E. 70th St.
 New York, N.Y. 10021

Alfano, Steven
 August 31, 2000

D.O.B.:
 MR#:

Mr. Alfano is a 42 year old male who reports he has had a long history of intermittent low back pain. In April of this year, his back went out and he began to experience pain that was severe. He notes that prior to the episode in April, he felt that his low back pain had overall increased in severity for the last 2 years or so. He has also noted some leg pain involving his posterior thigh and posterior calf. He at times has felt some numbness in his entire foot. Overall, he notes that his leg pain is worse than his low back pain and that the left leg is significantly worse than the right. He reports he has had episodes of occasional urinary retention in the past and saw a urologist who did not recommend any treatment. His bowel function is normal. He notes his pain is made better with rest and is made worse with prolonged sitting, standing and walking. His treatment to date has consisted of Vioxx, Nortriptyline and physical therapy in the past and recent epidural steroid injections which gave him some day relief of pain.

Past Medical History: Significant for borderline hypertension and migraines.

Past Surgical History: Non-contributory.

Medications: Vioxx, Nortriptyline and Norvasc.

Allergies: He has a drug allergy to Codeine.

Family History: Significant for colon cancer in his father and hypertension in his mother.

Social History: He has a 25 pack a year smoking history and does not drink.

Review of Systems: Negative in detail.

Physical Examination: Physical examination today reveals a well developed, well nourished male in no acute distress. He walks with a normal gait. Examination of his lumbar spine does not show any skin abnormalities and there is no tenderness to palpation. He is able to forward flex, bring his fingers to within 6 inches of the floor and extends approximately 30 degrees. He laterally bends bilaterally which is symmetric. Neurologically, motor strength is 5/5 in the lower extremities bilaterally with intact sensation. Deep tendon reflexes are 1+ and symmetric in the lower extremities. His toes are downgoing and there is no clonus. Range of motion of the hips is full and painless. Neural tension signs are negative. Dorsalis pedis pulses are 1+ and symmetric.

[illegible]

PAGE 5/9

JAMES C. FARMER, M.D.

Alfano, Steven
August 31, 2000
Page two

MR#:

MRI: An MRI scan of his lumbar spine was reviewed from June 12, 2000. This shows evidence of severe degenerative changes within the disk at L5-S1. There does appear to be some moderate stenosis at this level.

Impression: Degenerative disk disease at L5-S1 with bilateral lower extremity pain.

Recommendations: At this point, I have reviewed with the patient in detail the nature of the diagnosis of lumbar degenerative disk disease along with treatment options and risks and benefits. At this point, he has not had any significant conservative management with the exception of the epidural. I do feel that he should undergo some physical therapy to see if this will improve his back and lower extremity symptoms. I have asked that he continue to take the anti-inflammatories. I have asked that he follow up with me in approximately 4-6 weeks time to see how he is doing. Should his symptoms still be persistent at that point, then we will discuss the options available to him.

James C. Farmer, M.D.

ICF/LGE



JAN 30 '01 (TUE) 04:26

12/26/2000 12:05 FAX 718 231 5502

CIGNA INTEGRATED CLAIM

PAGE 6/9

0002/004



DISCLOSURE AUTHORIZATION

Insured's Name (Please Print)

STEVEN ALFANO

I AUTHORIZE any doctor, physician, healer, health care practitioner, hospital, clinic, other medical facility, professional, or provider of health care, medically related facility or association, medical examiner, or pharmacy to give the CIGNA Companies (UNA, INA, CG, INA Life) or their employees and authorized agents, or authorized representatives, any medical and nonmedical information or records that they may have concerning my health condition, or health history, or regarding any advice, care or treatment provided to me. This information and/or records may include, but is not limited to: 1) cause, treatment, diagnosis, prognosis, consultations, examinations, tests or prescriptions or advice of my physical or mental condition of information concerning me which may be needed to determine policy claim benefits with respect to insured. This may also include (but is not limited to) information concerning: mental illness, psychiatric, alcohol or drug use and any disability, and also HIV related testing, infection, illness, and AIDS (Acquired Immune Deficiency Syndrome).

I AUTHORIZE any financial institution, accountant, tax preparer, insurer or reinsurance consumer reporting agency, insurance support organization, insured's agent, employer, group policyholder, business associate, benefit plan administrator, family members, friends, neighbors or associates, governmental agency including the Social Security Administration or any other organization or person having knowledge of me to give the CIGNA Companies (UNA, INA, CG, INA Life) or their employees and authorized agents, or authorized representatives, any information or records that they have concerning me, my occupation, my activities, employment records, driving records, earnings or finances, applications for insurance coverage, prior claim history, work history, and work related activities.

I AUTHORIZE the CIGNA Companies (UNA, INA, CG, INA Life) to contact my employer to investigate and evaluate return to work opportunities. I understand that in doing so the CIGNA companies may release medical information and other information related to my physical limitations to my employer.

I UNDERSTAND: the information obtained will be included as part of the proof of claim and will be used by the insurance company to determine eligibility for claim benefits and any amounts payable with respect to the Claimant. This authorization shall apply to all records, information and events that occurred prior to execution of this authorization and it also applies to all records, information and events that occur over the duration of the claim. A photo copy of this form is as valid as the original and I may request one. I may revoke this authorization at any time for information not then obtained by writing to the CIGNA Companies (UNA, INA, CG, INA Life). The information obtained will not be released to anyone else EXCEPT: a) reinsuring companies; b) the Medical Information Bureau, Inc., which operates Health Claim Index (HCI); c) fraud or overinsurance detection bureaus; d) anyone performing business, medical or legal functions with respect to the claim; e) for audit or statistical purposes; f) as may be required by law; g) as I may further authorize.

Date: 12/15/00

Claimant's Signature

(Claimant or Claimant's authorized representative)

Relationship, if other than Claimant

Claimant's Social Security Number

099-44-9648

CIGNA Life Insurance Company of New York

CIGNA Life Insurance Company of New York
 Life Insurance Company of North America
 Connecticut General Life Insurance Company
 Insurance Company of North America
 Subsidiaries of CIGNA Corporate Group

NOV 21 2000 04:27

From: Eva and Steve Allano To: Joanne

NOV. 21. 2000 (TUE) 11:45

Date: 1/19/01 Time: 11:33:58 AM

7742909

PAGE 7/9

Page 6 of 9

PAGE 3/0

Disability Claim



CIGNA Group Insurance
Life • Accident • Disability
CIGNA Group Insurance Company
Insurance Company of North America
Life Insurance Company of North America
CIGNA Life Insurance Company of North America

02-000000 (000)

JAN 30 '01 THU 04:22

PAGE 8/9
0004/004

12/28/2000 12:09 FAX 718 231 8802

CLICNY INTEGRATED CLAIM

	Continuously (67-100%) (5.5 + hrs)	Frequently (33-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (1-2.5 hrs)	Not applicable to diagnosis(es)
Reaching: Overhead				
Desk Level				
Below Waist				
Fine Manipulation: Right				
Left				
Simple Grasp: Right				
Left				
Firm Grasp: Right				
Left				
Environmental Conditions:				
Exposure to extremes in heat				
Exposure to extremes in cold				
Exposure to wet / humid conditions				
Exposure to vibration				
Exposure to odors / fumes / particles				
Ability to work extended shifts/ overtime:				
Use of lower extremities for foot controls:				

Please use this space to elaborate on ANY of the above categories:

Name: JAMES C. FARMER, M.D.
 Specialty: ORTHOPAEDICS
 Address: 535 E. 70th ST
NYC, NY 10021

Signature: Date: 6/19/01Phone: 212-626-1591

Please include any objective test or narrative if available.

Thank you for your time.

Please return this form in the enclosed addressed envelope.

JAN 28 2008 (FRI) 04:28

PAGE 9/9
12/10/07

CLINICAL HILL RADIOLOGY & MEDICAL IMAGING ASSOCIATES P.C.

61 East 77th Street
New York, NY 10021
Tel 212-772-3111
Fax 212-288-1637
Fax 212-863-1796

Carmel Donovan, M.D.
Erich Eiderschenk, M.D.
David A. Follett, M.D.
Hiroo Jeannie Choe, M.D.
William Louis, M.D.
Keith S. Tobin, M.D.

June 12, 2000

MICHAEL ALEXIADES, MD

Patient: ALFANO, STEVEN
MR LUMBAR SPINE

ID: 139521
200006081395211

MRI OF THE LUMBAR SPINE 6/9/2000:

Sagittal and coronal proton density, sagittal T1 and T2 FSE weighted images of the lumbar spine with axial proton density weighted images of L1-2 through L5-S1 were obtained on a 1.5 Tesla MRI unit.

42 year-old with low back pain and left-sided radiculopathy. There are no prior studies for comparison.

There is normal lumbar lordosis and alignment. There are no fractures or subluxations. There is moderate-to-severe L5-S1 spondylosis with disc space narrowing, disc desiccation, degenerative type III end-plate/narrow change and prominent posterolateral osteophyte formation. The remaining lumbar discs are within normal. Small, benign-appearing hemangiomas are seen within the L4 and L5 vertebral bodies. No destructive marrow lesions are seen. The conus medullaris is at the lower L1 level. There are no abnormalities of the distal thoracic spinal cord or conus medullaris. There are no intraspinal mass lesions. Paraspinal soft tissues are grossly normal.

At the L1-2 through L4-5 levels, there are no disc protrusions, significant disc bulges, spinal stenosis or significant foraminal narrowing.

At L5-S1, there is a annular disc bulge and posterolateral osteophytes and facet osteoarthritis present, with impingement upon the inferior aspect of the exiting left L5 nerve root seen on the sagittal images. There is moderate spinal stenosis. The right neural foramen is patent.

IMPRESSION: MODERATE-TO-SEVERE L5-S1 SPONDYLOSIS.

MILD IMPINGEMENT ON THE INFERIOR ASPECT OF THE LEFT L5 NERVE ROOT, AS DESCRIBED ABOVE.

MODERATE L5-S1 SPINAL STENOSIS.

MRI
CLINICAL HILL RADIOLOGY & MEDICAL IMAGING ASSOCIATES P.C.
GENERAL X-RAY FLUOROSCOPY MAMMOGRAPHY
ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY
MRI • ULTRASOUND • MAMMOGRAPHY

Exhibit B**CASE STAFFING SESSION FORM** Rev. 3/9/2000Claimant Name: Steven Alfano Soc. Sec. Number: 099-77-9648Diagnosis: Chronic Low Back Pain Incur Date: 6/6/2000Any Occ. Date: own occ duration of claim Occupation: Wage & Salary Mgr - SedentaryCase Manager: Lara D'Ambrosio Employer: Weill Med College

Purpose of the Staffing: Aging II - 42 year old male 300 lbs. with increase in LBP 4/2000. Disability commenced 6/2000. Init treated by Dr. Schiff - PCP who referred CX to Dr. Alexiades. Dr. Alexiades saw CX 6/5/2000 for c/o left leg radic. Referred for MRI. 6/12/2000 MRI showed moderate to severe L5-S1 spondylosis and mild impingement on the inferior aspect of the left L5 nerve root and moderate L5-S1 spinal stenosis. CX saw Dr. Scelsa - neuro on 7/20/2000. AP reports conservative TX is planned. CX may return to work but should get up from desk a few times an hour to stretch and avoid heavy lifting. CX did not f/u with Dr. Scelsa. CX saw Dr. McCance, spinal surgeon 8/17/2000. CX reports left leg weakness has been going on for 1-2 yrs. CX advised to have surgery. Recommended L5-S1 fusion. CX did not f/u. CX had neurosurgical consult 8/23/2000 with Dr. Snow. AP recommended lumbar laminectomy with possible discectomy. CX did not f/u. CX f/u with Dr. Farmer 8/31/2000. AP recommended PT - 3 times per week, anti-inflammatories and f/u 4-6 wks. 9/14/2000 eval CX states PT has exacerbated pain. CX feels pain is severe and limits him on a daily basis. AP feels pain is a result of degenerative changes at L5-S1. AP recommends a discogram then will refer for additional MRI. CX f/u with PCP 10/16 & 10/23. AP reports need for surgery. RX - Celexa.

Multiple PAA's completed.

Dr. Alexiades - occas lift and carry 10 lbs, push and pull 10 lbs, occ climb stairs. Occ reach overhead and desk level.

Dr. Scelsa - Freq lift and carry 10 lbs. Push & pull 20 lbs. Freq sit and stand, occ walk. Occ reach overhead and desk level.

Dr. Snow - Freq lift and carry 20 lbs. Occ up to 50. Occ able to sit, stand and walk. Cont reach overhead, desk level and below waist.

Still waiting for PT notes and current notes from Dr. Farmer - last f/u 1/30/2001

Date of Staffing: 1/31/2001

Staffing Participants Signatures:

Linda Alfano, RD
Lynna A. Gama, SCOM
Steven Alfano

*Will contact CX - discuss need for
 PT notes & discuss time
 referred.*

CIGNA Claims Services
Rochester Claims Service Center



Permanent Telephone Record

Claimant:	Steven Alfano	SSN:	099-44-9648
Policyholder:	Weill Med College	Policy #:	NYK 1972

Date:	01/30/01	Time:	9:57 AM
To:	<input type="checkbox"/> From: <input checked="" type="checkbox"/> Joe Mauro	Cx:	<input type="checkbox"/> ER: <input type="checkbox"/> MD: <input type="checkbox"/> Other:
Therapist			
Phone Number:			
Spoke With:	Joe	Relationship:	

Call Content/Message:

Joe called asking why we were requesting med beginning 6/2000.
Stated that CX was first treated 9/2000.

I advised that CX was first unable to work beginning 6/2000 and we wanted to make sure we request the time period to cover his disability.

Joe stated that he would fax the initial evaluation and the notes.

Comments/Action Items:

Callback Required: ☐
Time Zone: Eastern

Signature: Wanda D'Amico
Case Manager

12-20-00



DISCLOSURE AUTHORIZATION

Insured's Name (Please Print) STEVEN ALFANO

I AUTHORIZE: any doctor, physician, healer, health care practitioner, hospital, clinic, other medical facility, professional, or provider of health care, medically related facility or association, medical examiner, or pharmacy to give the CIGNA Companies (UNA, INA, CG, INA Life) or their employees and authorized agents, or authorized representatives, any medical and nonmedical information or records that they may have concerning my health condition, or health history, or regarding any advice, care or treatment provided to me. This information and/or records may include, but is not limited to: i) cause, treatment, diagnoses, prognoses, consultations, examinations, tests or prescriptions or advice of my physical or mental condition or information concerning me which may be needed to determine policy claim benefits with respect to Insured. This may also include (but is not limited to) information concerning: mental illness, psychiatric, alcohol or drug use and any disability, and also HIV related testing, infection, illness, and AIDS (Acquired Immune Deficiency Syndrome).

I AUTHORIZE: any financial institution, accountant, tax preparer, insurer or reinsurance consumer reporting agency, insurance support organization, Insured's agent, employer, group policyholder, business associate, benefit plan administrator, family members, friends, neighbors or associates, governmental agency including the Social Security Administration or any other organization or person having knowledge of me to give the CIGNA Companies (UNA, INA, CG, INA Life) or their employees and authorized agents, or authorized representatives, any information or records that they have concerning me, my occupation, my activities, employer/employment records, driving records, earnings or losses, applications for insurance coverage, prior claim history, work history, and work related activities.

I AUTHORIZE: the CIGNA Companies (UNA, INA, CG, INA Life) to contact my employer to investigate and evaluate return to work opportunities. I understand that in doing so the CIGNA companies may release medical information and other information related to my physical limitations to my employer.

I UNDERSTAND: the information obtained will be included as part of the proof of claim and will be used by the insurance company to determine eligibility for claim benefits and any amounts payable with respect to the Claimant. This authorization shall apply to all records, information and events that occurred prior to execution of this authorization and it also applies to all records, information and events that occur over the duration of the claim. A photo copy of this Form is as valid as the original and I may request one. I may revoke this authorization at any time for information not then obtained by writing to the CIGNA Companies (UNA, INA, CG, INA Life). The information obtained will not be released to anyone else EXCEPT: a) reinsuring companies; b) the Medical Information Bureau, Inc., which operates Health Claim Index (HCI); c) fraud or overinsurance detection bureaus; d) anyone performing business, medical or legal functions with respect to the claim; e) for audit or statistical purposes; f) as may be required by law; g) as I may further authorize.

Date: 12/15/00

Claimant's Signature

(Claimant or Claimant's authorized representative)

Relationship, if other than Claimant

Claimant's Social Security Number

099-44-9648

CIGNA Life Insurance Company of New York

CIGNA Life Insurance Company of New York
 Life Insurance Company of North America
 Commercial Union Assurance Company
 Insurance Company of North America
 Subsidiaries of CIGNA Corporation

01/30/2001 10:55 FAX 716 231 8502

CIGNA INTEGRATED CLAIM

001

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO	1999	
CONNECTION TEL		819144700948
CONNECTION ID		
ST. TIME	01/30 10:50	
USAGE T	04'51	
PGS. SENT	2	
RESULT	OK	

Facsimile Transmission Cover Sheet



Transmit to FAX number 914.476.0948	Date January 30, 2001	Time 9:35 AM	Total number of pages (including this sheet) : 2
To		From	
Name Attn: Joe Mauro, PT	Name Lara D'Ambrosio		
Company Thera-Ex	Department Long Term Disability		
Phone 914.476.0951	Phone 800.532.9288 ext 6523		
Address	Address 255 East Ave Rochester, NY 14604		
Comments			

RE: Steven Alfano	NYK 1972
SSN: 099-44-9648	Weill Medical College
DOB: 1/14/58	CIGNA Life Insurance Company of New York

To assist in our evaluation of the Long Term Disability claim for the above mentioned patient, medical information is needed in regards to his current level of functioning and limitations and restrictions.

Please provide us with the following:

- Initial evaluation
- Copies of PT progress notes from 6/2000 to the present

Facsimile Transmission Cover Sheet



Transmit to FAX number 914.476.0948	Date January 30, 2001	Time 9:38 AM	Total number of pages (including this sheet): 2
To		From	
Name Attn: Joe Mauro, PT		Name Lara D'Ambrosio	
Company Thera-Ex		Department Long Term Disability	
Phone 914.476.0951		Phone 800.532.9288 ext 6521	
Address		Address 255 East Ave Rochester, NY 14604	
Comments			

RE: Steven Alfano NYK 1972
SSN: 099-44-9648 Weill Medical College
DOB: 1/14/58 CIGNA Life Insurance Company of New York

To assist in our evaluation of the Long Term Disability claim for the above mentioned patient, medical information is needed in regards to his current level of functioning and limitations and restrictions.

Please provide us with the following:

- Initial evaluation
- Copies of PT progress notes from 6/2000 to the present

Your patient's authorization to release information is attached.

A response no later than 1/31/2001 would be appreciated as disability benefits are pending and numerous requests have been made for the above information.

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

Life Insurance of North America
Confederate General Life Insurance Company
CIGNA Life Insurance Company of New York

☐ Acknowledgment Requested

To Fax a reply, dial: 716.250.1780

01/30/2001 10:41 FAX 716 231 5502

CIGNA INTEGRATED CLAIM

001

 *** ERROR TX REPORT ***

TX FUNCTION WAS NOT COMPLETED

TX/RX NO	1988	
CONNECTION TEL		819144760948
CONNECTION ID		
ST. TIME	01/30 10:39	
USAGE T	02'23	
PGS. SENT	0	
RESULT	NG	#00287

Facsimile Transmission Cover Sheet

Transmit to FAX number	Date	Time	Total number of pages (including this sheet) : 2
914.476.0948	January 30, 2001	9:35 AM	
To		From	
Name Attn: Joe Mauro, PT		Name Lara D'Ambrosio	
Company Thera-Ex		Department Long Term Disability	
Phone 914.476.0951		Phone 800.532.9288 ext 6521	
Address		Address 255 East Ave Rochester, NY 14604	
Comments			

RE:	Steven Alfano	NYK 1972
	SSN: 099-44-9648	Weill Medical College
	DOB: 1/14/58	CIGNA Life Insurance Company of New York

To assist in our evaluation of the Long Term Disability claim for the above mentioned patient, medical information is needed in regards to his current level of functioning and limitations and restrictions.

Please provide us with the following:

- Initial evaluation
- Copies of PT progress notes from 6/2000 to the present

Your patient's authorization to release information is attached.

CIGNA Claims Services
Rochester Claims Service Center



Permanent Telephone Record

Claimant:	Steven Alfano	SSN:	099-44-9648
Policyholder:	Weill Med College	Policy #:	NYK 1972

Date:	01/30/01	Time:	9:33 AM
To:	<input checked="" type="checkbox"/> From:	<input type="checkbox"/> Thera-Ex	Cx: <input type="checkbox"/> ER: <input type="checkbox"/> MD: <input type="checkbox"/> Other: Rehab
Phone Number:	914.476.0951		
Spoke With:	Ron	Relationship:	

Call Content/Message:

Called to advise that we did not receive all the information requested.

Advised that the PT notes were not provided.
Ron stated that he would tell the therapist.

Comments/Action Items:

Callback Required: ☐
Time Zone: Eastern

Signature: *Hana D'Arbino*

Case Manager



Thera Ex Orthopedic and Sports Physical Therapy, P.C.
984 North Broadway, Suite LL-02
Yonkers, New York 10701

Tel: 914-476-0951

Fax: 914-476-0952

TO: CIGNA

DATE:

01/30/01

RE:

S. ALFANO

ATT:

FILE/CLAIM#:

REQUEST FOR MEDICAL INFORMATION

☒ We are enclosing the information you requested.

KINDLY FORWARD ADVANCE PAYMENT FOR THE FOLLOWING AMOUNT:

☒ Fee for copy of medical records; Each copy (\$.75) x 4 = \$3.00

☐ Fee for NARRATIVE REPORT is \$400.00

☐ FEE FOR MEDICAL RECORDS AND/OR NARRATIVE REPORT \$_____

☐ An authorization signed by the patient is required; if minor, by parent or guardian; if patient is deceased, by the administrator or executor.

☐ This authorization you sent us is not valid for the following reason: _____

☐ Additional information is required to locate the patient's records: _____

☐ Other: _____

<input checked="" type="checkbox"/> Fee for Postage/Handling:	<u>X</u>	10 < - \$2.50
	<u> </u>	11-19 - \$3.50
	<u> </u>	20 > - \$5.00

☒ TOTAL ADVANCE PAYMENT PAYABLE TO THERAEX:

\$ 5.50

JAN-20-2001 10:01 AM 6

3621314

P.01



Thera Ex Orthopedic and Sports Physical Therapy, PC

984 North Broadway, Suite LL-02

Yonkers, New York 10701

Tel: (914) 476-0951

Fax: (914) 476-0918

FAX SHEET

Fax # (914) 476-0918

Page 6

Date:

01/30/01

To:

CIGNA

FAX # 714-231-6502.

Comments:

Re. S. ALFANO

ENCLOSED ARE:

(1) P.T. NOTES.

(2) FEE FOR RECORDS.

SORRY FOR THE DELAY; THE CHART
WAS MISFILED.

JOE MAWICH, PT

If you have any problem with this transmission, please call (914)476-0951.

Form 005

CLICNY 0424

JAN-20-2001 10:01 AM 6

3821514

P.02

Telephone: (212) 555-1591

OSANO: EF 5037856
N.Y. LIC NO: 216356

JAMES C. FARMER, M.D.

HOSPITAL FOR SPECIAL SURGERY
635 EAST 10TH STREET
NEW YORK, N.Y. 10021Name: Alfano, Steven Age: _____
Address: _____ Date: 3/14/00

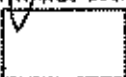
R

Dx: LBP/ODD

PT consult: extension
braced lumbo-sacral spine
stabilization program 3X/week
for 4 weeks. Other modalities as
needed.



M.D.

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "D.A.W." IN THE BOX BELOW

Dispense As Written

REFILL: ☐ NONE ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Section 6- Standing

- ☐ I can stand as long as I want without extra pain.
- ☐ I can stand as long as I want but it gives me extra pain.
- ☐ Pain prevents me from standing for more than 1 hour.
- ☐ Pain prevents me from standing for more than 30 mins.
- ☒ Pain prevents me from standing for more than 10 mins.
- ☐ Pain prevents me from standing at all.

Section 7- Sleeping

- ☐ Pain does not prevent me from sleeping well.
- ☐ I can sleep well only by using tablets.
- ☐ Even when I take tablets I have less than six hours sleep.
- ☐ Even when I take tablets I have less than four hours sleep.
- ☒ Even when I take tablets I have less than two hours sleep.
- ☐ Pain prevents me from sleeping at all.

Section 8- Sex Life

- ☐ My sex life is normal and causes no extra pain.
- ☐ My sex life is normal but causes some extra pain.
- ☒ My sex life is nearly normal but is very painful.
- ☐ My sex life is severely restricted by pain.
- ☐ My sex life is nearly absent because of pain.
- ☐ Pain prevents my sex at all.

Section 9- Social Life

- ☐ My social life is normal and gives me no extra pain.
- ☐ My social life is normal but increases the degree of pain.
- ☐ Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing, etc.
- ☒ Pain has restricted my social life and I do not go out as often.
- ☐ Pain has restricted my social life to my home.
- ☐ I have no social life because of pain.

Section 10- Traveling

- ☐ I can travel anywhere without extra pain.
- ☐ I can travel anywhere but it gives me extra pain.
- ☐ Pain is bad but I manage journeys over two hours.
- ☒ Pain restricts me to journeys of less than one hour.
- ☐ Pain restricts me to short necessary journeys under 30 mins.
- ☐ Pain prevents me from traveling except to the doctor or hospital.

Comments

CIGNA Claims Services
Rochester Claims Service Center



Permanent Telephone Record

Claimant:	Steven Alfano	SSN:	099-44-9648
Policyholder:	Weill Med College	Policy #:	NYK 1972

Date: 01/30/01	Time: 7:57 AM
To: <input checked="" type="checkbox"/> From: <input type="checkbox"/> Thera-Ex	Cx: <input type="checkbox"/> ER: <input type="checkbox"/> MD: <input type="checkbox"/> Other: Rehab
Phone Number: 914.476.0951	
Spoke With:	Relationship:

Call Content/Message:

***Left message on answering machine.

Called to f/u on status of progress notes that were requested numerous times.

Advised that Ron had promised to fax the notes several times and to date the information still has not been provided.

Stated that this information is needed to assess CX's functional status to make a determination regarding DBL benefits.

Advised that I would like a call back to today if the notes cannot be faxed or would like the information faxed today.

Left my name, phone number and fax number.

Comments/Action Items:

Callback Required: ☐
Time Zone: Eastern

Signature:

[Handwritten Signature]
Case Manager

CIGNA Claims Services
Rochester Claims Service Center



Permanent Telephone Record

Claimant:	Steven Alfano	SSN:	099-44-9648
Policyholder:	Weill Med College	Policy #:	NYK 1972

Date:	01/29/2001	Time:	10:07 AM
To:	<input checked="" type="checkbox"/> From:	<input type="checkbox"/> Thera-Ex	Cx: <input type="checkbox"/> ER: <input type="checkbox"/> MD: <input type="checkbox"/> Other: Rehab
Phone Number:	914.476.0951		
Spoke With:	Ron	Relationship:	

Call Content/Message:
Called to f/u on notes.

Ron stated that he left a note for the therapist and cannot interrupt the therapist as he is with a patient.

Ron promised again to fax the notes today.
I advised Ron that CX's benefits are pending receipt of the information.

I advised that I would call back tomorrow if they are not faxed today.

Comments/Action Items:
Callback Required: ☐
Time Zone: Eastern

Signature: *Wanda D'Amico*
Case Manager

CIGNA Claims Services
Rochester Claims Service Center



Permanent Telephone Record

Claimant:	Steven Alfano	SSN:	099-44-9648
Policyholder:	Weill Med College	Policy #:	NYK 1972

Date: 01/29/2001	Time: 9:15 AM
To: <input checked="" type="checkbox"/> From: <input type="checkbox"/> Dr. Farmer	Gx: <input type="checkbox"/> ER: <input type="checkbox"/> MD: <input checked="" type="checkbox"/> Other: <input type="checkbox"/>
Phone Number: 212.606.1591	
Spoke With: Joanne	Relationship:

Call Content/Message:
Called to f/u on status of progress notes.

Joanne stated that the request is on AP's desk.
Joanne will f/u with AP.

Comments/Action Items: Callback Required: <input type="checkbox"/> Time Zone: Eastern
--

Signature: John D. Ambrose
Case Manager

CIGNA Claims Services
Rochester Claims Service Center



Permanent Telephone Record

Claimant:	Steven Alfano	SSN:	099-44-9648
Policyholder:	Weill Med College	Policy #:	NYK 1972

Date:	01/29/2001	Time:	9:11 AM
To:	<input checked="" type="checkbox"/> From:	<input type="checkbox"/> Thera-Ex	Cx: <input type="checkbox"/> ER: <input type="checkbox"/> MD: <input type="checkbox"/> Other: Rehab
Phone Number:	914.476.8881		
Spoke With:	Ron	Relationship:	

Call Content/Message:

Called to f/u on progress notes.

Ron asked if he could call me back in 30 minutes as therapist is responsible for faxing the notes and he is not in.

I advised Ron that I would call back at 10 am if I did not hear from him.

Comments/Action Items:

Callback Required: ☐

Time Zone: Eastern

Signature: Hana D'Amato
Case Manager

Facsimile Transmission Cover Sheet



2nd Request

1/23/01

Transmit to FAX number 212.774.2909	Date December 28, 2000	Time 10:31 AM	Total number of pages (including this sheet) : 4
To		From	
Name James C. Farmer, MD	Attn: Joanne	Name Lara D'Ambrosio	
Company		Department Long Term Disability	
Phone 212.606.1591		Phone 800.532.9288 ext 6521	
Address		Address 255 East Ave Rochester, NY 14604	
Comments			

RE: Steven Alfano NYK 1972
 SSN: 099-44-9648 Weill Medical College
 DOB: 1/14/58 CIGNA Life Insurance Company of New York

To assist us in our evaluation of the Long Term Disability claim for the above mentioned patient, medical information is needed in regards to his disability status.

Please provide us with the following:

- Copies of progress notes from 6/2000 to the present
- Copies of test results from 6/2000 to the present

In addition, please complete the attached physical ability assessment in regards to your patient's current level of functioning.

Thank you for your time and attention to this matter.
 My fax number is 716.231.6502.

Your patient's authorization to release information is attached.

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individuals or entity named above. Thank you for your compliance.

Life Insurance of North America
 Connecticut General Life Insurance Company
 CIGNA Life Insurance Company of New York

1 | Acknowledgment Requested

To Fax a reply, dial : 716.258.1780

01/23/2001 12:08 FAX 716 233 6502

CIGNA INTEGRATED CLAIM

001

 *** TX REPORT ***

TRANSMISSION ON

TX/RX NO 1662
 CONNECTION TEL 812127742908
 CONNECTION ID
 ST. TIME 01/23 12:08
 USAGE T 03'05
 PGS. SENT 2
 RESULT OK

Facsimile Transmission Cover Sheet



2nd Request

1/23/01

Transmit to FAX number 212.774.2909	Date December 28, 2000	Time 10:31 AM	Total number of pages (including this sheet) : 4
To		From	
Name James C. Farmer, MD	Name Lara D'Ambrosio		
Company	Department Long Term Disability		
Phone 212.606.1591	Phone 800.532.9288 ext 6521		
Address	Address 255 East Ave Rochester, NY 14604		
Comments			

RE: Steven Alfano
 SSN: 099-44-9648
 DOB: 1/14/58

NYK 1972
 Weill Medical College
 CIGNA Life Insurance Company of New York

To assist us in our evaluation of the Long Term Disability claim for the above mentioned patient, medical information is needed in regards to his disability status.

Please provide us with the following:

- Copies of progress notes from 6/2000 to the present
- Copies of test results from 6/2000 to the present

In addition, please complete the attached physical ability assessment in regards to your patient's current level of functioning.

CIGNA Claims Services
Rochester Claims Service Center



Permanent Telephone Record

Claimant:	Steven Alfano	SSN:	099-44-9648
Policyholder:	Weill Med College	Policy #:	NYK 1972

Date:	01/23/2001	Time:	11:00 AM
To:	<input checked="" type="checkbox"/> From:	<input type="checkbox"/> Thera-Ex	Gx: <input type="checkbox"/> ER: <input type="checkbox"/> MD: <input type="checkbox"/> Other: Rehab
Phone Number:	914.476.0951		
Spoke With:	Ron	Relationship:	

Call Content/Message:

Called to f/u on status of PT progress notes.

Advised that I spoke with him twice and was advised that the notes would be faxed.

Ron stated that he would leave a note for the therapist to fax the information.
Ron confirmed the fax number.

I asked when I could expect to receive them. Ron promised I would have the notes by tomorrow.

Comments/Action Items:

Callback Required: ☐

Time Zone: Eastern

Signature: Shira D'Amico
Case Manager

FROM : SAGA SPORTS MEDICINE

FAX NO. : 212 2881524

Jan. 23 2001 18:16PM P1

MICHAEL M. ALEXIADES, M.D., P.C.
159 EAST 74TH STREET
NEW YORK, N.Y. 10021
TELEPHONE (212) 734-1200

JAN 23 2001

Alfano, Steven
Page 2

06/05/00 Mr. Steven Alfano returns complaining of lumbar radiculopathy into the left leg for the last couple of weeks. It has gotten quite severe. He is taking Motrin with only minimal relief. Physical Examination reveals normal heel/Toe/tandem gait; decreased range of motion of the LS spine; motor is 5 out-of 5; reflexes are 1+ both knees, 2+ both ankles. Plan: We will get an MRI to evaluate for a herniated disc. He is unable at this point to work. We will discuss treatment options after the test.

07/31/00 Mr. Steven Alfano returns with persistent low back pain with occasional numbness in the left leg. He saw a neurologist who felt he had some nerve damage but did not justify surgery. However, his back pain is quite severe despite two epidural injections. He is neurologically intact today although he has difficulty with toe walking. Plan: My recommendation is that he see a spine surgeon for possible fusion at L5-S1.

FROM : SABA SPORTS MEDICINE

FRX NO. : 212 2881524

Jan. 23 2001 10:16AM P2

LENOX HILL RADIOLOGY & MEDICAL IMAGING ASSOCIATES P.C.

61 East 77th Street
 New York, NY 10021
 TEL 212-772-3111
 FAX 212-288-1637
 FAX 212-361-1796

June 12, 2000

Page 1 of 2

Carmel Donovan, M.D.
 Erich Eidenschien, M.D.
 David A. Follett, M.D.
 Hsiao Jeannie Choe, M.D.
 William Louie, M.D.
 Keith S. Tobin, M.D.

MICHAEL ALEXIADES, MD

Patient: ALFANO, STEVEN
 MRI LUMBAR SPINE

ID: 139521
 200006081395211

MRI OF THE LUMBAR SPINE 6/9/2000:

Sagittal and coronal proton density, sagittal T1 and T2 FSE weighted images of the lumbar spine with axial proton density weighted images of L1-2 through L5-S1 were obtained on a 1.5 Tesla MRI unit.

42 year-old with low back pain and left-sided radiculopathy. There are no prior studies for comparison.

There is normal lumbar lordosis and alignment. There are no fractures or subluxations. There is moderate-to-severe L5-S1 spondylosis with disc space narrowing, disc desiccation, degenerative type III end-plate marrow change and prominent posterolateral osteophyte formation. The remaining lumbar discs are within normal. Small, benign-appearing hemangiomas are seen within the L4 and L5 vertebral bodies. No destructive marrow lesions are seen. The conus medullaris is at the lower L1 level. There are no abnormalities of the distal thoracic spinal cord or conus medullaris. There are no intraspinal mass lesions. Paraspinal soft tissues are grossly normal.

At the L1-2 through L4-5 levels, there are no disc protrusions, significant disc bulges, spinal stenosis or neural foraminal narrowing.

At L5-S1, there is anterior disc bulge and posterolateral osteophytes and facet osteoarthritis present. There is impingement upon the inferior aspect of the exiting left L5 nerve root seen on the sagittal images. There is moderate spinal stenosis. The right neural foramen is patent.

IMPRESSION: MODERATE-TO-SEVERE L5-S1 SPONDYLOSIS.

MILD IMPINGEMENT ON THE INFERIOR ASPECT OF THE LEFT L5 NERVE ROOT AS DESCRIBED ABOVE.

MODERATE L5-S1 SPINAL STENOSIS.

6/19
 Dr. [Signature]
 [Signature]
 @ L5-S1
 6/16
 [Signature]

MRI HIGHFIELD 1.5T - MID FIELD - OPEN MRI CAT SCAN HELICAL BONE DENSITOMETRY ULTRASOUND HDI NUCLEAR MEDICINE
 GENERAL X-RAY FLUOROSCOPY MAMMOGRAPHY
 ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY
 MRI • ULTRASOUND • MAMMOGRAPHY

CIGNA Claims Services
Rochester Claims Service Center



Permanent Telephone Record

Claimant:	Stephen Alfano	SSN:	099-44-9648
Policyholder:	Weill Med College	Policy #:	NYK 1972

Date:	01/23/2001	Time:	10:04 AM
To:	<input checked="" type="checkbox"/> From:	<input type="checkbox"/> Dr. Alexiades	Cx: <input type="checkbox"/> ER: <input type="checkbox"/> MD: <input checked="" type="checkbox"/>
Other:			
Phone Number:	212.734.1288		
Spoke With:	Wilda	Relationship:	

Call Content/Message:

Called to f/u on request for progress notes and test results from 4/2000 to the present.

Wilda stated that CX was seen in 6/2000 and 7/2000.
Will fax copies of the progress notes and copy of MRI report.

Comments/Action Items:

Callback Required: ☐
Time Zone: Eastern

Signature: *Wanda J. Andrews*
Case Manager

FROM : SROD SPORTS MEDICINE

FAX NO. : 212 2881524
CIGNA INTEGRATED CLAIM

Jan. 18 2001 10:50AM P3

0001/002

Facsimile Transmission Cover Sheet



212-439-6855		2nd request	
Transmit to FAX number	Date	Time	Total number of pages (including this sheet): 4
212.288.1524	December 14, 2000	8:28 AM	
To	From		
Name Michael Alexiades, MD	Name Shannon Bailey		
Company	Department Long Term Disability		
Phone 212.734.1288	Phone 800.532.9288 ext. 6541		
Address	Address 255 East Avenue Rochester, NY 14604		
Comments			

RE: Stephen Alfano

NYK 1072

SSN: 099-449010

Well Medical College

DOB: 1/21/50

CIGNA Life Insurance Company of New York

We recently received a Long Term Disability Claim for your patient, Mr. Alfano. In order to assist us with properly assessing his current medical status, could you please complete the enclosed "Disability Assessment" form and forward us the following information:

- Copies of progress notes and test results for the period 4/1/2000 to the present.

I have also sent a signed authorization to release information. Please forward the information within the next 14 days. I would like to thank you in advance for taking the time to help us obtain this necessary information.

Sincerely,

Shannon Bailey, Case Manager

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please notify the sender by telephone at the number shown. The documents accompanying this facsimile contain information that is confidential. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

[] Acknowledgment Requested

To Fax a reply, call: 212.281.0502

FROM : SAGA SPORTS MEDICINE

FAX NO. : 212 2881524

Jan. 18 2001 10:49AM P1
0002/003**PHYSICAL ABILITY ASSESSMENT**
(To be completed by the medical professional)

Please complete the following items based on your clinical evaluation of:

Patient Name Steven Alfano SS# 099-44-9648
Diagnosis(es)/ICD9 Code(s) _____

In an 8-hour workday, the patient can perform the following activities:

		Continuously (67-100%) (7.5 - 15 hr)	Frequently (33-66%) (4.0 - 7.5 hr)	Occasionally (1-33%) (1.5 - 4.0 hr)	Not applicable to this patient
Lifting:	10 lbs.			✓	
	11-20 lbs.				
	21-50 lbs.				
	51-100 lbs.				
	100+ lbs.				
Carrying:	10 lbs.			✓	
	11-20 lbs.				
	21-50 lbs.				
	51-100 lbs.				
	100+ lbs.				
Pushing:	(Max. Wt. <u>10</u>)			✓	
Pulling:	(Max. Wt. <u>10</u>)			✓	
Sitting:					
Standing:					
Walking:					
Climbing:	Regular Stairs			✓	
	Regular Ladders				
Balancing:					
Stooping:					
Kneeling:					
Crouching:					
Crawling:					
Seating:					✓
Hearing:					✓
Smell/Taste:					✓

FROM: SAGA SPORTS MEDICINE

PRX NO. : 212 2881524

Jan. 18 2001 10:49AM P2

CIGNA INTEGRATED CLAIM

0003/003

	Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.5 - 4.5 hrs)	Occasionally (1-33%) (1-2.5 hrs)	Not applicable to disabilities
Reaching: Overhead			✓	
Desk Level			✓	
Below Waist				
Fine Manipulation: Right				✓
Left				✓
Simple Grasp: Right				✓
Left				✓
Firm Grasp: Right				✓
Left				✓
Environmental Conditions				
Exposure to extremes in heat				✓
Exposure to extremes in cold				✓
Exposure to wet / humid conditions				✓
Exposure to vibration				✓
Exposure to odors / fumes / particles				✓
Ability to work extended shifts/ overtime:				✓
Use of lower extremities for foot controls:				✓

Please use this space to elaborate on ANY of the above categories:

LESS: HAD to mechanical back pain &
radiculopathy
Surgery recommended

Name: M. A. Morris

Signature: [Signature]

Specialty: Ortho

Date: 1/18/01

Address: 157 8745 W. Highway

Phone: 2847367

Please include any objective test or narrative if available.

Thank you for your time.

Please return this form in the enclosed addressed envelope.

CIGNA Claims Services
Rochester Claims Service Center



Permanent Telephone Record

Claimant:	Stephen Alfano	SSN:	099449648
Policyholder:	Weill	Policy #:	NYK 1972

Date:	01/16/01	Time:	11:50 AM
To:	<input checked="" type="checkbox"/> From:	<input type="checkbox"/> Dr. Farmer	Cx: <input type="checkbox"/> ER: <input type="checkbox"/> MD: <input checked="" type="checkbox"/> Other:
Phone Number:	212.606.1591		
Spoke With:	Wanda	Relationship:	

Call Content/Message:
Called to f/u on med request.

Left message.

Comments/Action Items:
Callback Required: ☐
Time Zone: Eastern

Signature: Shannon Bailey
Case Manager

CIGNA Claims Services
Rochester Claims Service Center



Permanent Telephone Record

Claimant:	Stephen Alfano	SSN:	099449648
Policyholder:	Weill	Policy #:	NYK 1972

Date:	01/16/01	Time:	11:37 AM
To:	<input checked="" type="checkbox"/> From: <input type="checkbox"/> Dr. Alexiandes	Cx:	<input type="checkbox"/> ER: <input type="checkbox"/> MD: <input checked="" type="checkbox"/>
Other:			
Phone Number:	212.734.1288		
Spoke With:	Relationship:		

Call Content/Message:
Called to I/u on med request.

PAA is on AP's desk-should go out later this week.

Comments/Action Items:
Callback Required: <input type="checkbox"/>
Time Zone: Eastern

Signature: *Shannon Bailey*

Case Manager

CIGNA Claims Services
Rochester Claims Service Center



Permanent Telephone Record

Claimant:	Stephen Alfano	SSN:	099449648
Policyholder:	Weill	Policy #:	NYK 1972

Date:	01/16/01	Time:	11:45 AM
To:	<input checked="" type="checkbox"/> From:	<input type="checkbox"/> Steven Digiovani, MD	Cx: <input type="checkbox"/> ER: <input type="checkbox"/> MD: <input checked="" type="checkbox"/>
Other:			
Phone Number:	212.434.3432		
Spoke With:	Wanda	Relationship:	

Call Content/Message:

Called to f/u on med request.

Per Wanda, I called the Ambulatory Surgery Center, and although AP performs surgery there, she said they do have office notes. She is going to have the AP call me and let me know where to get notes from.

Comments/Action Items:

Callback Required: ☐

Time Zone: Eastern

Signature: Shannon Bailey
Case Manager

Facsimile Transmission Cover Sheet



439-6865

Transmit to FAX number 212.734.1288	Date January 10, 2001	Time 10:43 AM	Total number of pages (including this sheet): 2
To		From	
Name Dr. Alexiades	Name Shannon Bailey		
Company	Department Long Term Disability		
Phone 212.734.1288	Phone 800.532.9288 ext. 6541		
Address	Address 255 East Avenue Rochester, NY 14604		
Comments			

RE: Steven Alfano

LK 1972

SSN: 099449648

Weill Medical College

DOB: 1/14/58

Life Insurance Company of North America

Here is the "Physical Abilities Assessment" form you did not receive.

Thank you,

Shannon Bailey, Case Manager

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

☐ Acknowledgment Requested

To Fax to reply, dial: 716.231.6602

PHYSICAL ABILITY ASSESSMENT*(To be completed by the medical professional)*

Please complete the following items based on your clinical evaluation of:

Patient Name Steven Alfano SS# 099-44-9648

Diagnosis(es)/ICD9 Code(s) _____

In an 8-hour workday, the patient can perform the following activities:

		Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (<2.5 hrs)	Not applicable to diagnosis(es)
Lifting:	10 lbs.				
	11-20 lbs.				
	21-50 lbs.				
	51-100 lbs.				
	100+ lbs.				
Carrying:	10 lbs.				
	11-20 lbs.				
	21-50 lbs.				
	51-100 lbs.				
	100+ lbs.				
Pushing:	(Max. Wt.: _____)				
Pulling:	(Max. Wt.: _____)				
Sitting:					
Standing:					
Walking:					
Climbing:	Regular Stairs				
	Regular Ladders				
Balancing:					
Stooping:					
Kneeling:					
Crouching:					
Crawling:					
Seeing:					
Hearing:					
Smell/Taste:					

		Continuously (67-100%) (5.5 + hrs)	Frequently (34-66%) (2.5 - 5.5 hrs)	Occasionally (1-33%) (<2.5 hrs)	Not applicable to diagnosis(es)
Reaching:	Overhead				
	Desk Level				
	Below Waist				
Fine Manipulation:	Right				
	Left				
Simple Grasp:	Right				
	Left				
Firm Grasp:	Right				
	Left				
Environmental Conditions:					
	Exposure to extremes in heat				
	Exposure to extremes in cold				
	Exposure to wet / humid conditions				
	Exposure to vibration				
	Exposure to odors / fumes / particles				
Ability to work extended shifts/ overtime:					
Use of lower extremities for foot controls:					

Please use this space to elaborate on ANY of the above categories:

Name: _____ Signature: _____
 Specialty: _____ Date: _____
 Address: _____ Phone: _____

Please include any objective test or narrative if available.

Thank you for your time.

Please return this form in the enclosed addressed envelope.

01/15/2001 11:24 FAX 710 231 6502

CIGNA INTEGRATED CLAIM

0001

 *** TX REPORT ***

TRANSMISSION OF

TX/RX NO 1687
 CONNECTION TEL 81212438655
 CONNECTION ID
 ST. TIME 01/15 13:17
 USAGE T 07'04
 PGS. SENT 3
 RESULT OK

Facsimile Transmission Cover Sheet



439-6865

Transmit to FAX number 212.848.6865	Date January 10, 2001	Time 10:43 AM	Total number of pages (including this sheet): 2
To	From		
Name Dr. Alexisander	Name Shannon Bailey		
Company	Department Long Term Disability		
Phone 212.734.1288	Phone 800.532.9288 ext. 6541		
Address	Address 255 East Avenue Rochester, NY 14604		
Comments			

RE: Steven Alfano

LK 1972

SSN: 099449648

Weill Medical College

DOB: 1/14/58

Life Insurance Company of North America

Here is the "Physical Abilities Assessment" form you did not receive.

Thank you,

Shannon Bailey, Case Manager

CIGNA Claims Services
Rochester Claims Service Center



Permanent Telephone Record

Claimant: Steven Alfano SSN: 099449648
Policyholder: Weill Policy #: Lk 1972

Date: 01/10/01 Time: 10:42 AM
To: ☐ From: ☒ Dr. Alexiandes Cx: ☐ ER: ☐ MD: ☒
Other:
Phone Number:
Spoke With: Relationship:

Call Content/Message:
Called to say they don't have the PAA, and asked to fax it over.

Comments/Action Items:
Callback Required: ☐
Time Zone: Eastern

Signature: Shannon Bailey
Case Manager

JAN. 9. 2001 5:25AM

NO. 376 P. 1

Yamill Medical Medicine Associates
 503 E 70 Street, Suite HT-400
 New York, NY 10021
 Telephone: 212.746.9663
 Fax: 212.746.4609

facsimile transmittal

To: Ambrosio Fax: 716-231-6502
 From: Mulella / Dr. Schiff Date: 1/8/00
 Re: Steven Alpano Pages:
 CC:
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Note: This transmittal is intended only for the use of the individual to which it is addressed, and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If you are not the intended recipient, any dissemination, distribution, or photocopying of this communication is strictly prohibited. If you have received this communication in error, please notify this office immediately by telephone and return the original fax to us at the address above. Thank you.

CONFIDENTIAL

JAN. 9.2001 5:25AM

NO.376 P.2

Labs of Steven Alfano as of 10/23/00 11:35

Mon Jan 08 16:22:33 2001

10/14/99 16:21 #24460 {10/15/99 17:50}
Surgical Pathology03/17/98 11:18 #3330 {03/18/98 11:00}
BLOOD GROUP AND RX O RH(D) POS
ANTIBODY SCREEN NOT IMMUNIZED03/17/98 11:18 #31267 {03/17/98 15:04}
CARDIOVASCULAR EVAL
TRIGLYCERIDES 195
CHOLESTEROL 215
HDL CHOLESTEROL 39
LDL CHOLESTEROL 137
CHOL/HDL RATIO 5.504/11/97 16:23 #2191 {04/12/97 15:32}
URINE CULTURE
REPORT STATUS FINAL
FINAL REPORT DATE 04/12
URINE COLONY COUNT <100
SOURCE CLEAN CATCH
COLLECTION TIME 16:23
DATE OF SPECIMEN 4/1104/11/97 16:23 #5776 {04/11/97 19:20}
URINALYSIS, ROUTINE
COLOR YELLOW
APPEARANCE CLEAR
PROTEIN NEG
BLOOD NEG
GLUCOSE NEG
KETONES NEG
PH 5.5
SPECIFIC GRAVITY 1.024
BILIRUBIN NEG
URINALYSIS, MICRO
RBC NEG.
WBC NEG.
CASTS NEG.
URINALYSIS, COMPLETE04/09/97 16:39 #30997 {04/09/97 21:21}
CEC
WBC 8.5

JAN. 9. 2001 5:26AM

NO. 375 P. 3

CORNELL
UNIVERSITY

NEW YORK
PRESBYTERIAN
HOSPITAL

John and Sanford J. Weill
Medical College

Cornell Internal Medicine Association
Department of Medicine

505 East 70th Street
Helmsley Tower, Suite 4
New York, NY 10021
Telephone: 212-746-2900
Fax: 212-746-3165

January 8, 2001

Steven Alfano
3800 Waldo Ave #13G
Bronx, NY 10463

NYH # 228-41-47

Progress Note: Steven Alfano / October 16, 2000

Subjective: 42 year old man with
needs surgery for
L5-S1 stenosis/spondylosis
for neurosurgery
now on disability

will rx cefexa for depression

also
will try zestril for bp instead of norvasc
and see him back next week

Objective:

BP 160/100 P Wt 303 lbs
I: clear
C: RRR, no m.r.g

Current Medications:

PREVACID 30MG CAPSULES / 1 po qd
NORVASC 10MG TABLET / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd

Impression:

rx zestril
rx cefexa

Plan: